U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - /3/2/	2. Fiscal Year Covered From:			
,	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Anthony Jackson	Name Operative Plasterers Local 82			
	Labor Organization File Number 035–053			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 6492 SE 140th	Street 12812 NE Marx Street			
City Portland	City Portland			
State Oregon ZIP Code + 4 97236	State Oregon ZIP Code + 4 97230			
5. Position in labor organization. Seargent of Arms				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	derived income or other economic benefit of ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.			
City State ZIP Code + 4				
b				
Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed An Month of the information of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
	011 -111/03 000 88 1-02-1-1			

Name of Person Filing Anthony Jackson	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Employers #82 JATC OR SW WA Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 12812 NE Marx Street City Portland State Oregon ZIP Code + 4 97230	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	Trust Fund receiving contributions under Collective Bargaining Agreement			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City	11.b. Approximate dollar value of such dealing. \$75,525 12.a. Nature of interest held or income received.			
State ZIP Code + 4	Meal Expense for business meetings			
	12.b. Amount. \$12			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	The second secon			
City	The control of the co			
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing Anthony	Jackson	File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Name and address of Business (including trade name, if any).	9. Business deals with:	
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P.O. Box, Bldg., Room No., if any	b. Trust	
Street 12812 NE Marx Street	c. Employer	
City Portland		
State Oregon ZIP Code + 4 97230		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Trust Fund receiving contributions Bargaining Agreement	under Collective
Trade Name, if any:	,	de de la companya de
P.O. Box, Bldg., Room No., if any		
Street	The state of the s	tu manada ma
City		on productive
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$75,525
	12.a. Nature of interest held or income received.	
	Instructor Wages	Control
		COMPANY
		2001 mental Andrea

	12.b. Amount.	\$1,004